

## Dental Care Comparison Chart

Covered Services	State Dental Plan (Delta)		DMO Plan (Midwestern)	Preventive Dental Plan (Delta)
	Premier/ Non-Part*	PPO*		
Diagnostic Exams and Consultations (2 per year)	100%	100%	100%	100%
Preventive Services				
• Teeth cleaning (3 per year)	100%	100%	100%	100%
• Topical fluoride (under age 19) <sup>1</sup>	100%	100%	100%	100%
• Space maintainers (under age 14)	100%	100%	100%	100%
• Sealants (under age 14)	50%	70%	100%	Not Covered
Radiographs	90%	100%	100%	100%
Brush Biopsy	100%	100%	N/A	100%
Oral Surgery	90%	90%	100%	Not Covered
Extractions	90%	100%	100%	Not Covered
Minor Restoratives	90%	100%	100%	Not Covered
Major Restoratives <sup>2</sup>	90%	90%	100%	Not Covered
Endodontics	90%	100%	100%	Not Covered
Periodontics	90%	100%	100%	Not Covered
Prosthodontics	50%	70%	100%	Not Covered
Prosthodontics Repair	50%	100%	100%	Not Covered
Orthodontics				
• Up to age 19	60%	75%	100%	Not Covered
• 19 and over	60%	75%	\$1,250 co-pay	Not Covered
Benefit Maximums				
• Annual (Oct. – Sept.)	\$1,500	\$1,500	None	None
• Lifetime Orthodontics	\$1,500	\$1,500	None	N/A

<sup>1</sup>MSPTA (T01) Topical fluoride age 14 and younger.

<sup>2</sup>Troopers, MSEA, AFSCME, MCO, SEIU—Fixed bridge abutment crowns may be paid at the Major Restorative benefit level if payment for a (single) crown could be made due to the condition of the tooth being restored.

\*If you have the State Dental Plan as your dental coverage, the level of coverage is determined by the provider you choose. To verify that a Dentist is a Participating Dentist, you can use Delta Dental's online Dentist Directory at [www.deltadentalmi.com](http://www.deltadentalmi.com) or call (800) 524-0150.



This benefit summary is a brief explanation only. All plan provisions (including exclusions and limitations) are subject to the specific terms of the State and Preventive Dental Plans and the Group Dental Services Agreement (Midwestern Dental Plans, Inc.).